

THE COMMONWEALTH OF MASSACHUSETTS  
**City of Newton**  
**Fiscal Year 2010**

Assessor Use Only  
**MGL Ch 59 § 5 Clause 37A**  
 Date Received: \_\_\_\_\_

**BLIND**  
**APPLICATION FOR STATUTORY EXEMPTION**

General Laws Chapter 59, Section 5

**THIS APPLICATION IS NOT OPEN TO  
 PUBLIC INSPECTION**

(See General Laws Chapter 59, Section 60.)

**Must be filed with the Board of Assessors on or  
 before December 15, or 3 months  
 after the actual (not preliminary) tax bills  
 are mailed for the fiscal year if later.**

A. IDENTIFICATION. Complete this section fully. Please Print or Type.

Name of Applicant \_\_\_\_\_

Marital Status \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 (optional)

Legal Residence (Domicile) on July 1, 2009? \_\_\_\_\_

Mailing Address (If different) \_\_\_\_\_ Tel No. \_\_\_\_\_

Parcel ID \_\_\_\_\_ No. of Dwelling Units: ☐ 1 ☐ 2 ☐ 3 ☐ 4 Other \_\_\_\_\_

Did you own the property July 1, 2009? \_\_\_\_\_

If yes, were you \_\_\_\_\_ Sole Owner \_\_\_\_\_ Co-Owner with spouse only \_\_\_\_\_ Co-Owner with others

Was the property subject to a Trust as of July 1, 2009? \_\_\_\_\_ (If yes, attach Trust Instrument)

Have you been granted an exemption in any other city or town this year? \_\_\_\_\_

If yes, name of City or Town \_\_\_\_\_ Amount Exempted \$ \_\_\_\_\_

**DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)**

_____ Ownership	_____ GRANTED	Assessed Tax _____
_____ Occupancy	_____ DENIED	Exempted Tax _____
_____ Status	_____ DEEMED DENIED	Adjusted Tax _____
_____ Income	Date Granted/Denied _____	_____
_____ Assets	Certificate No. _____	_____
	Date Cert/Notice Sent _____	_____
		Board of Assessors

B. EXEMPTION STATUS – Please complete the box.

Were you legally blind as of July 1, 2009? \_\_\_\_\_

Are you registered with the Massachusetts Commission for the Blind? \_\_\_\_\_

Certificate Number \_\_\_\_\_

Date Registered \_\_\_\_\_

C. SIGNATURE

This application has been prepared or examined by me. I declare, under the pains and penalties of perjury, that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct, and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If signed by an agent, attach a copy of written authorization to sign on behalf of taxpayer.